



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

September 29, 2004

TO: CSD Regional Administrators
CSO Administrators
WorkFirst Coordinators

FROM: Duane French, Director
Division of Employment and Assistance Programs

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Community Services Division

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Information Technology Division

SUBJECT: ENHANCEMENTS TO THE eJAS COMPONENT SCREEN AND REFERRAL PROCESS

Programming is complete for release of the enhancements to the eJAS referral process. Because of the magnitude of this job, the release of these enhancements will take place in two phases. The changes are outlined as follows:

PHASE 1

- Revises the Non-Contracted Monthly Verification form, which is renamed WorkFirst Participation Verification form.
- Streamlines the referral process to contracted providers. eJAS will only generate the forms needed to make a referral to a contractor.
- Streamlines the process for generating a WorkFirst Participation Verification form. When a contractor is not assigned to a component, eJAS will only generate the form needed for WorkFirst staff to monitor WorkFirst activities monthly.
- Generates the WorkFirst Participation Verification form, which will auto stamp eJAS notes that the form has been generated, what the required activities are, and the date the form must be returned. A new note type has been added specifically for these notes.
- Adds a link to this form from the individual's main page.
- Redesigns the component screen to allow WorkFirst staff to see component and contractor information on one screen.

PHASE 2

- Redefines system requirements on components PP, SA, SN, LP, PI, PU, II, RJ, CJ, RT, RA, RZ and HW. Depending on the component, contractors will no longer need to perform certain actions on their Contractor Caseload screen, e.g., accept/reject SA, SN components, monthly reporting will no longer be required on referral components, etc.
- Removes the above contractor related issues from the Caseload Management Report.

Phase 1 is scheduled for release October 18, 2004. Phase 2 will follow, and separate notification will be sent at that time.

To assist with familiarizing WorkFirst staff to these changes, the Division of Employment and Assistance Programs has developed a training packet that will walk eJAS users through the new process. In addition, the eJAS training site is available for local office training. This site is accessed through <http://ejasdev.dshs.wa.gov/training/ejas.asp>.

Your DSHS Regional WorkFirst Coordinator will assist with any of your training needs. If you have any other questions or concerns, please contact Brent D. Low at (360) 725-4633 or e-mail LowBD@dshs.wa.gov.

Attachment

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Monthly Verification - Work Request Release

STEP-BY-STEP GUIDE

EJAS enhancements have been programmed to simplify the referral process. These enhancements are scheduled to be released on October 18, 2004.

With this change you will see:

- Changes to the Component/IRP screen.
- A smoother referral process, which will systematically give you only the forms you need.
- A revised Non-Contracted Monthly Verification Form, which is now renamed WorkFirst Participation Verification Form.
- A direct link to the WorkFirst Participation Verification Form from the client's main page.
- A new issue type called WF Part. Verification that will be auto stamped when a monthly verification form is generated.

This material gives you step-by-step instructions on how to use the new screens.

Shortly after this release, there will be one more change implemented to remove the contractor reporting requirements on particular components (PP, SA, SN, LP, PI, PU, II, RJ, CJ, RT, RA and RZ)

This change will modify the Contractor Caseload Screen so only the fields required to be completed on each component will appear. This will also remove these contractor issues from the Caseload Management Report.

If you need assistance with training, please contact your
DSHS Regional WorkFirst Coordinator

September 29, 2004

When opening components, depending on the component and whether or not a contractor is assigned, users will either be prompted to complete the Contractor Referral form, or the WorkFirst Participation Verification Form.

eJAS eMessage Center

Home Manuals Help e-JAS Reference Change Model

Name	JAS Id	Aces Id	Region	CSO	Program Type	AU Number
EGGPLANT, 555	7533	7777533	6	099	C	5151515

[Click here to view Workers associated with this Client.](#)

[Component/IRP Information](#)

[Employment Information](#)

[Client Notes](#)

[Payments](#)

[WF Participation Verification Form](#)

[Education and Training Worksheet](#)

[Attendance History](#)

[Screening/Evaluation Assessment](#)

[Referrals](#)

[Case Staffing/Extension Analysis/Hardship Extension Review](#)

[Whole Family Services](#)

[WFR Adhoc Reporting Letters](#)

[Client Registry](#)

[FAQ](#)

[Password Reset](#) | [Help Desk](#)

To Add a Component:

1. From the Component/Contractor/IRP Update Screen click “Add a Component”.

eMessage Center

Home Main Back Update

Component History Child Care Info ICMS Info Manuals Help

Component/Contractor/IRP Update screen

Name	Jas Id	Case Number	TANF Status	Phone Number	Returner
555 EGGPLANT	7533	099C5151515	Open		<input type="checkbox"/>

Add a Component

Automatic Trans Pay: 0

[Go to IRP](#)

The Component/IRP page will still allow entry of up to 10 components.

Component/Contractor/IRP Update screen

Name: **Jas** Id: **Case Number** TANF Status: **Phone Number** Returner:
 7533 099C5151525

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
PI PREGNANCY TO EMPLOYMENT	07022004	26 Y	09042004		0100RA Y		Y
Center Code	Contractor Name	Scheduled Start	Scheduled End	Actual Start	Actual End	Rfl Date Est. Code	Accept Reject
IA0	C1 GODDARD OF THE INLAND NORTHWEST	05022004	05042004				

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
C1 COMMUNITY 3000	08272004	10 Y	08272005		0190ZO Y		Y
Center Code	Contractor Name	Scheduled Start	Scheduled End	Actual Start	Actual End	Rfl Date Est. Code	Accept Reject
IAA	C1 LOWER COLUMBIA COMMUNITY ACTION COUNCIL	08272004	08272005			08272004	

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
BE BASIC EDUCATION	08272004	25 Y	12312004		0190ZO Y		Y
Center Code	Contractor Name	Scheduled Start	Scheduled End	Actual Start	Actual End	Rfl Date Est. Code	Accept Reject
ZZY	C1 DSHS TEST	08272004	12312004			08272004	

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
<input type="checkbox"/> Y		<input type="checkbox"/> Y			<input type="checkbox"/> Y		

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
<input type="checkbox"/> Y		<input type="checkbox"/> Y			<input type="checkbox"/> Y		

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
<input type="checkbox"/> Y		<input type="checkbox"/> Y			<input type="checkbox"/> Y		

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
<input type="checkbox"/> Y		<input type="checkbox"/> Y			<input type="checkbox"/> Y		

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
<input type="checkbox"/> Y		<input type="checkbox"/> Y			<input type="checkbox"/> Y		

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
<input type="checkbox"/> Y		<input type="checkbox"/> Y			<input type="checkbox"/> Y		

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
<input type="checkbox"/> Y		<input type="checkbox"/> Y			<input type="checkbox"/> Y		

[Cancel/History](#) |
 [Print English IRP](#) |
 [Print Spanish IRP](#)

[Go to Top](#)
 IRP Non-Confidential Requirements
 (For TANF Only)

Section Explanation

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
PI PREGNANCY TO EMPLOYMENT	05022004	25	05042004				

Contr Code	Contractor Name	Scheduled Start	Scheduled End	Actual Start	Actual End	Rfrl Date 1st Cntct	Accept Reject
1AG	C1 GOODWILL OF THE INLAND NORTHWEST	05022004	05042004				

Input by WFPS/WFSW. This date should reflect anticipated start date.

Input by WFPS/WFSW. This date should reflect the anticipated ending date that the contractor will stop working with the individual.

Input by contractor. This date should reflect the date the activity really begins.

Input by WFPS/WFSW. This date is the last date that the contractor worked with the individual.

First Contact Date is auto-filled by e-JAS when the contractor enters First Contact Note from their contractor caseload screen.

Referral Date is auto-filled by e-JAS upon successful completion of the Contractor Referral Form.

This date is auto-filled by e-JAS when the contractor accepts/rejects the referral from the contractor caseload screen.

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code

2. Enter the component code in the Component field. Click the question mark for help.

[Add a Contractor](#)

Component

3. Enter the date that the client will begin services in the Start Date field. Click on the calendar for help.

Start Date

4. Click on the question mark next to the Blocks field to select the client's level of participation.

Blocks

Indicate if the IRP is Non-Confidential or Confidential.

ACTIVE COMPONENTS

Components Blocks Menu

Zero Participation: 0-7 Hours	.25 Participation: 8-15 Hours	.50 Participation: 16-23 Hours
.75 Participation: 24-31 Hours	1.0 Participation: 32-40 Hours	

No Records found for the selected component.

Close

Component	Contractor	Blocks	Region	IRP Non-Conf	IRP Conf
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5. Enter the date that the activity is scheduled to end in the Scheduled End date field. Click on the calendar for help.

Scheduled End
<input type="text"/> 

6. Enter the DSHS worker ID in the DSHS Worker field. Click the question mark for help.

DSHS Worker
<input type="text"/> 

7. Update the IRP as needed.
8. Click Update.

If no contractor is assigned and the component requires a monthly reporting from a non-contracted provider, the user is prompted to complete the WorkFirst Participation Verification Form.

Completing the WorkFirst Participation Verification Form:



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
WORKFIRST PARTICIPATION VERIFICATION FORM

[Home](#) [Main](#) [Print](#)

Date: 9/1/2004

Client: 555 EGGPLANT	Jas Id: 7533	Aces Id: 7777533
Address:		
City:	State:	Zip Code: 0

555 EGGPLANT was referred to you for services as part of his or her participation requirements for the WorkFirst program. We need to know if s/he did the activities outlined below and is making progress. Please use the comments section to tell us about any missed appointments or attendance problems, if you have identified any new issues that could interfere with her or his ability to work, or if s/he no longer requires your services. **Please complete and return this form by**

Required Activities:

Please fill in information below

Were all required activities completed for the month of 2004 ?

Yes No

Comments (including missed appointments, attendance problems, progress towards resolving issues, new issues, or no further needed for your services):

Name: _____ Title: _____
Organization: _____ Phone: _____ Date: _____

[Print](#)

1. Enter the due date of the form in the field "Please complete and return this form by".



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
WORKFIRST PARTICIPATION VERIFICATION FORM

[Home](#) [Main](#) [Print](#)

Date: 9/8/2004

Client: 555 EGGPLANT	Jas Id: 7533	Aces Id: 7777533
Address:		
City:	State:	Zip Code: 0

555 EGGPLANT was referred to you for services as part of his or her participation requirements for the WorkFirst program. We need to know if s/he did the activities outlined below and is making progress. Please use the comments section to tell us about any missed appointments or attendance problems, if you have identified any new issues that could interfere with her or his ability to work, or if s/he no longer requires your services. **Please complete and return this form by**

2. Enter the client's required WorkFirst activities that the non-contracted provider will be monitoring.

Required Activities:

Please fill in information below

- Use the drop down box to enter the month for which the provider is reporting.

Were all required activities completed for the month of

- Click Print.
- The user will receive a message indicating the form has been saved.
- Click OK.
- The user will then receive a message indicating the process is complete.
- Click OK to return to the Main Menu.
- Upon completion of this process, eJAS will auto stamp the note type “WF Part. Verification Form” that the form has been generated, what the required activities are and the date it is due.

Note: This issue type is confidential and is not available for direct worker input. Generating the monthly verification form is the only way text will show up under this issue type. This issue type has been added to the eJAS notes search options and Adhoc.

If the component is referred to a contractor, the user is prompted to complete the DSHS Referral Form.

To add a contractor to a component and complete the DSHS Referral Form:

[Add a Contractor](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
HW HIGH WAGE/HIGH DEMAND	<input type="text" value="09022004"/>	<input type="text" value="1.0"/>	<input type="text" value="11042004"/>	<input type="text"/>	<input type="text" value="099GZQ"/>	<input type="text"/>	<input type="text"/>

- Click Add a Contractor next to the component for which you are adding a contractor.

Component	Start Date
HW HIGH WAGE/HIGH DEMAND	<input type="text" value="09022004"/>

Each component allows 3 contractor entries.

[Hide empty contractors](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End	Cpl Code
HW HIGH WAGE/HIGH DEMAND	09022004	1.0	11042004		099GZQ		
Contr Code	Contractor Name	Scheduled Start	Scheduled End	Actual Start	Actual End	Rfrl Date 1st Cntct	Accept Reject

2. Enter the Contractor Code in the Contr Code field.

Component	Start Date
HW HIGH WAGE/HIGH DEMAND	09022004
Contr Code	Contract Name
1AB	

Click the question mark for help.

3. Enter the date the client is scheduled to begin services with the contractor in the Scheduled Start field.

Blocks	
<input type="text" value="1.0"/>	<input type="button" value="⌵"/>
Scheduled Start	
<input type="text"/>	<input type="button" value="⌵"/>
<input type="text"/>	<input type="button" value="⌵"/>
<input type="text"/>	<input type="button" value="⌵"/>

4. Enter the date the client is scheduled to end services with the contractor in the Scheduled End field.

Scheduled End	
<input type="text" value="11042004"/>	<input type="button" value="⌵"/>
Scheduled End	
<input type="text"/>	<input type="button" value="⌵"/>
<input type="text"/>	<input type="button" value="⌵"/>
<input type="text"/>	<input type="button" value="⌵"/>

5. Click Update.
6. The DSHS Referral Form will display for the user to complete.



DSHS Referral Form

Print this Referral

eMsg this Referral

Help

Date: 9/ 2/ 2004

Client: 555 EGGPLANT

Jas Id: 7533

Aces Id: 7777533

Address:

Address Line 1:

Phone

0

Address Line 2:

Message:

City:

State: Zip Code:0

Referral Type

-Choose a referral type

To Contractor/Agency

1AB

From

Worker Name

CSO

DEAP - Headquarters

Component

HW

Work Phone

3604133257

Fax Number

Progress Report Request:

Weekly

Bi-Monthly

Monthly

Other

Information Needed in Progress Report

Documents Attached

IRP

Release of Information

Narrative

Other

Comments:

Print this Referral

eMsg this Referral

7. Choose the Referral Type from the drop down menu.

City:

State: Zip Co

Referral Type

-Choose a referral type

To Contractor/Agency

-Choose a referral type

Worker Name

Admin/Misc.

Component

Adult Dependent Care

Progress Report Request:

Weekly

Bi

Information Needed in Progre

Adult General Health

Adult Mental Health

Case Review

Child Care

Child Welfare

Children General Health

Children with Special Needs

Clothing/Hygiene

8. Enter the name of the worker to whom you are referring the client in the Worker Name field.

Referral Type	<input type="text" value="-Choose a referral type"/>
To Contractor/Agency	<input type="text"/>
Worker Name	<input type="text"/>
Component	<input type="text"/>

9. Complete the form as needed.

10. Click eMsg this Referral.



11. User will receive message that the Referral note has been saved and the e-message was sent.

12. Click OK.

13. User will receive a message that the Referral Form and/or WF Participation Verification Form process Completed.

14. Click OK to return to the client Main Menu.

Contractor View

The following is what non-DSHS users will see on the new component screen:

Information Technology Division

eMessage Center Home Main Back Component History Child Care Info ICMS Info

Manuals Help

Component/Contractor/IRP Review screen

Name	Jas Id	Case Number	TANF Status	Phone Number	Returner
HARD ATWORK	267474	002C002346504	Open	3605551212	<input type="checkbox"/>

Automatic Trans Pay: 0
[Go to IRP](#)

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End
BE BASIC EDUCATION	09142004	.25	10312004		002FFF	

Contractor Name	Scheduled Start	Scheduled End	Actual Start	Actual End	Rfri Date 1st Cntct	Accept Reject
ZZZ C1 CJ TESTING	09142004	10312004	09172004		09142004 09142004	09142004 Accepted

Component	Start Date	Blocks	Scheduled End	ESD Worker	DSHS Worker	Actual End
GE GED	09142004	.50	10312004		002FFF	

Contractor Name	Scheduled Start	Scheduled End	Actual Start	Actual End	Rfri Date 1st Cntct	Accept Reject
POQ R3 WHATCOM CRISIS SERVICES	09152004	10312004			09152004	09152004 Accepted

Start | Inbox - Mic... | Monthly Ve... | Barcode 2003 | http://ej... | Barcode ad... | 2:00 PM